Putting the A back in MCH:
How a Multi-Disciplinary Learning Collaborative Sought to Increase the Capacity of State Title V Programs to Improve Preventive Services for AYAs

APHA 2019 Annual Meeting and Expo

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
What will be shared...

- **Objectives**
  - Describe 2-3 accomplishments of the multi-state learning collaborative in relation to increased access and quality of preventive services for adolescents and young adults.
  - Assess at least 2 means in which the state MCH programs and partners increased their capacity to implement Q.I. activities to serve the needs of adolescents.
  - Identify at least 1 method to adapt traditional quality improvement approaches to address population health aims.
Acknowledgements

- Supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,350,000.
- The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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What is Title V?

- The nation’s longest standing public health legislation focused solely on improving the health of all mothers and children, including adolescents

- **Appropriates funds to states to:**
  - Ensure access to quality health services
  - Promote the health of children by providing preventive and primary care services
  - Improve transition from pediatric to adult health care
2015→ New performance measures introduced

TRANSFORMATION: MCH 3.0
The Adolescent & Young Adult Health National Resource Center

Purpose

To improve the health of adolescent and young adults (ages 10-25) by strengthening the capacity of state maternal and child health (MCH) programs and their clinical partners to address the needs of adolescents and young adults.
How does public health influence a clinical outcome???

SHIFTING THE APPROACH
- **Improvement → Do things better**
- **Innovation → Do things differently**
- **Driven by Plan-Do-Study-Act Cycles (PDSA)**
  - Quick, rapid tests of strategies or approaches
Collaborative Improvement and Innovation Network (CoIIN)

- Adopted from Model for Improvement
- Aims to identify effective, replicable strategies for increasing access to, receipt of, and quality of preventive health services for adolescents (and young adults)
- Intensive work with 12 multidisciplinary state teams, led by MCH
CoLIN Central

National Strategies:
1. **To the door**: Improving access to services and engaging youth, their families and clinics to increase uptake

2. **In the door**: Improving delivery of youth-centered, family engaged care

3. **Across the state**: Improving state- and systems-level policies and practices

Team Make-Up:
- Youth & Young Adult Leaders
- Title V/MCH Leadership
- State Adol. Health Program
- Q.I. Partners
- Epidemiology & Data Experts
- Medicaid & Other Health Ins.
- Safety-Net Systems & Access Points
- Primary Care Providers & other Health Professionals
- Community Organizations
- Public-Private Improvement Partnerships
EVERY AGE. EVEN TEENAGE.

SCHEDULE YOUR TEEN AN ANNUAL WELL VISIT.
Clinical Q.I. Activities

- Building capacity of providers & staff
  - Evidence-based guidelines for preventive services
  - Aligning service delivery with developmental stages and needs of the AYA patient
  - Confidential care
  - Positive Youth Development (PYD)
    - Strengths-based approach
- Strengthening site-level policies and practices
  - Appointments, confidentiality/privacy in communications, physical facilities and environment
- Evaluation via a Patient Satisfaction Survey
Creating institutional changes

• Efforts focused on access and quality cores of CoLLN informed the needs of system-level improvement
WHAT WE HAVE LEARNED AND GAINED

Methods to the madness
That Data Piece....

• Being okay with “good enough”
• Improvement cycles for an annual measure cannot be implemented for lengthy period of time to determine if changes will increase well-visit rates
• Finding measures that serve as a proxy
  • What will influence more uptake?
  • What will create a more high-quality encounter?
Spreading and scaling the Q.I. experience

CHANGE PACKAGES
Putting the “A” in MCAH

YOUNG PEOPLE HAVE TO LEAD THE EQUATION
Application beyond well-visits....

FOCUS ON SOCIAL & EMOTIONAL WELL-BEING
80%
AYA Behavioral Health CoIN

Public Health
- Identify and address opportunities to improve related state- and systems-level policies and practices
- Implement policies and practices to support the integration of behavioral health into primary care

Quality Improvement Capacity Building
- State teams and local QI representatives collaborate to improve public health outcomes in primary care settings

Primary Care
- Virtual learning collaborative to include training, change cycles, data collection and monitoring, and QI coaching
- Improve rates of depression screening and follow-up
Mobilizing Measures & Roles

- Leadership
- Partnerships
- Leveraging Initiatives
- Augmenting MCH Capacity
- Assessment, Measurement, and Monitoring
Thank you!

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